

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 11, 2003

RE: MDR Tracking #: M2-03-1129-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Neurosurgical physician reviewer who is board certified in Neurosurgery. The Neurosurgical physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This claimant was seen by ___ who recommended that he undergo a lumbar myelogram and CT scan. The claimant came to him with the complaint of having fallen at work injuring his lower back. His back pain was worse than his leg pain. He subsequently had an MRI scan which revealed a central bulging disc at L5/S1. ___ examined him and found that the neurological examination was completely normal. He described normal motor exam and reflex exam but did not describe a sensory examination.

As noted above, ___ recommended a lumbar CT/myelogram be performed. This was denied by a previous reviewer as not being necessary since there was no significant change recorded between the time of the MRI and the time ___ saw the claimant.

Requested Service(s)

Lumbar CT/myelogram

Decision

I agree with the insurance carrier that the requested services are not medically necessary.

Rationale/Basis for Decision

As noted, there has been no change the claimant's clinical status since the MRI scan, which is becoming the procedure of choice in looking at diseases of the spine excluding fractures. It is noted that the only medication taken, per the April 1, 2003 office note, is Vioxx, and he presents in no acute distress. Lumbar flexion and extension are full, and straight leg raise testing is negative, other than hamstring tightness. The neurological examination is completely normal. The provided documentation is insufficient to justify the medical necessity of a myelogram/CT.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.